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PUBLIC HEALTH REPORTS.

REPORT OF THE TRANSACTIONS OF THE INTERNATIONAL COMMISSION FOR THE REVISION OF THE INTERNATIONAL CLASSIFICATION OF THE NOMENCLATURE OF DISEASES AND CAUSES OF DEATH, HELD IN PARIS, IN JULY, 1909.

By H. D. Geddings, Surgeon, United States Public Health and Marine-Hospital Service.

The commission convened at 9.30 o'clock on the morning of July 1, 1909, in the conference room of the ministry of the interior, Paris, under the presidency of Dr. Arnold Netter, member of the academy of medicine, professor of medicine of the Trousseau Hospital and member of the superior council of hygiene of France. Dr. Jacques Bertillon acted as secretary-general.

On calling the roll of countries the following were found to be represented by one or more delegates, viz: Austria, Australia, Belgium, Brazil, Bulgaria, United States of Colombia, Costa Rica, China, United States of America, Spain, France, Greece, Italy, Mexico, Monaco, Montenegro, Holland, Roumania, and Switzerland.

The delegation of the United States was as follows: Surg. Frank L. Pleadwell, U. S. Navy; Surg. H. D. Geddings, U. S. Public Health and Marine-Hospital Service; Dr. Wilmer R. Batt, state registrar of vital statistics of Pennsylvania; Prof. Walter F. Willcox, of Cornell University; Dr. William H. Guilfoxy, registrar of records of the department of health of the city of New York, and Dr. Cressy L. Wilbur, chief statistician of the Bureau of the Census, Washington, D. C.

At a preliminary meeting of the delegation of the United States, which your representative was unable to attend, Surg. Frank L. Pleadwell, U. S. Navy, was chosen as the chairman of the delegation, and at the opening session Doctor Wilbur was announced as one of the vice-presidents.

Addresses of welcome were delivered by the president, Professor Netter, and the secretary-general, Dr. Jacques Bertillon.

The object of the commission was then explained at length by Doctor Bertillon, and the work of revision was at once proceeded with. Two sessions daily were held during the continuance of the meeting, and the transactions were marked by a spirit of entire harmony and good feeling, although, as was naturally to be expected,

there was a wide diversity of opinion upon the revision of many of the titles and rubrics.

It was noticeable, as the work of the commission progressed, that there was opposition to any subdivision of titles and multiplication of the number of rubrics, any proposition looking to either of these ends being almost universally voted down and in some instances the discussion on such propositions being apparently cut short.

Another feature worthy of notice was that in the arrangement of the classification of diseases and causes of death, it was the convenience of the statistician, rather than the ideas of the pathologist that was given chief consideration, but as the classification is intended primarily for the use of statisticians, this would seem to be justifiable.

After five sessions, a protocol of signature was prepared and signed by one delegate from each country on the afternoon of July 3, and immediately thereafter the commission adjourned.

The delegates were the recipients of numerous hospitalities, and among the invitations received was that to a lunch to the American delegation by the American ambassador at Paris, and one to a reception to the entire commission by the President of the French Republic and Madame Faillières, on Sunday, July 4, 1909.

AMŒBIC DYSENTERY IN SAN FRANCISCO, CAL.

By H. W. Austin, Surgeon, United States Public Health and Marine-Hospital Service

Cases of amœbic dysentery are now frequently admitted to this hospital (Marine Hospital, San Francisco). The total number of such cases received from December 1, 1908, to August 9, 1909, was 55, 16 of which, it is believed, originated in California.

A thorough and careful examination was made in each case, and no case was recorded as amœbiasis until living motile amœbæ were found in the stools on several different days, nor was it then recorded unless the patient had also the clinical symptoms of the disease. In one case operated on for appendicitis motile amœbæ were found in the ulcerated appendix, and in several cases with liver abscess the motile amœbæ were found in the abscess.

A careful investigation of the antecedents of each case was made, and it was found that of the 55 cases suffering from amœbiasis 16 had undoubtedly contracted the disease on the Pacific coast of the United States. I concur in the opinion of Passed Assistant Surgeon Long that the disease is undoubtedly spread here by the eating of fresh vegetables raised by Chinese truckmen, who fertilize the plants with human excreta, as is the custom in China and other oriental countries. The matter has been brought to the attention of the local health authorities, who, it is believed, will find means to exercise effective supervision over gardens where vegetables are raised for the market.

At a recent meeting of the San Francisco board of health, called to consider this matter, the following measures were decided upon:

1. Amœbic dysentery, or amœbiasis, to be declared an infectious disease, and all physicians and hospitals notified that cases coming to their knowledge must be reported to the board of health.